

**PERFORMA FOR MONTHLY REPORTING OF TRANSPLANT OF ORGAN**

Appropriate Authority Reg. Valid Upto.:

02/01/2017

Name of Organ: kidney

Name of the Hospital: SPS APOLLO HOSPITAL

Month October 2013

State: punjab

S. No.	Type	Date of Retrieval/ Transplant	Name	Address	Nationality	Age & Sex	CR No	Basic Diagnosis of Recipient	Donor relation with recipient a) Near Related b) Other then near related	Competent/ Authorization Authority Approval Date & No.
										(Whichever is applicable please indicate)
1	Recipient	19/10/2013	money	s/o Sh Vijay Kumar H no-1444, Ward no-19, Gali-no3, Krishna Nagar, Tehsil & Distt Moga, Punjab.	INDIAN	23yrs male	243222	DIABETIC NEPHROPATHY	mother(a)	CA-Not Applicable as per THOA notification letter no. <b>Endst.No:PS/SMER-2011/7066</b> Dated: 14-11-11 approval date-18/10/13
	Donor	19/10/2013	suman chhabra	w/o Sh Vijay Kumar H no-1444, Ward no-19, Gali-no3, Krishna Nagar, Tehsil & Distt Moga, Punjab.	INDIAN	46yrs female	266833		son	CA-Not Applicable as per THOA notification letter no. <b>Endst.No:PS/SMER-2011/7066</b> Dated: 14-11-11 approval date-18/10/13